

Summer Transition Program: Employment Verification

Use if no other written verification (paystubs, etc.) is available

Date: _____

Employee: _____

SSN: _____

Dear Sir/Madam,

The above named individual listed your company as their place of employment. In order to provide services to your employee, it is necessary that we verify his/her employment.

Please complete the questions on the reverse side as fully as possible. Please sign, date and return this information within ____ **days** to ensure services can be provided in a timely manner.

An authorization to release information, signed by _____, is included on this form.

Your cooperation is appreciated.

Sincerely,

Authorization to Release Information

I, _____, hereby authorize my employer to furnish complete information about my earnings to _____.

Signature or Mark

Date

If signed by an "X", person who witnesses the mark must sign below.

Signature of Witness

Employee Information

(a) Name and address of employee from your records: _____

(b) Beginning date of employment: _____ Job title of the employee: _____

(c) Gross rate of pay: \$ _____ per _____

(d) Number of hours per week this employee is scheduled to work: _____

(e) Employee is paid: daily: _____ weekly: _____ bi-weekly: _____ semi-monthly: _____ monthly: _____

Please complete the following for the last _____ weeks/months. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Tips (if applicable)

*DO NOT include advance EITC payments in Gross Earnings

(a) Do you expect a change in pay? Yes No

If yes, what change do you expect? _____ when? _____

(b) If the employee is no longer employed, what was the last date this employee worked? _____

Signature and job title

Phone number

Date

(The person completing this form agrees to be contacted for clarification if needed)